

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30818

1. Entity Name
FOXMEADOW LAKE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:54

Principal Place of Business
1718 KINGSLEY AVE
ORANGE PARK FL 32073

Mailing Address
1718 KINGSLEY AVE
ORANGE PARK FL 32073-4475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3039226		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WILHITE, MARVIN E. 1718 KINGSLEY AVE. ORANGE PARK FL 32073				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$800,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	295289	STREET ADDRESS	
NAME	AHPLA, INC.	CITY - ST - ZIP	
STREET ADDRESS	1718 KINGSLEY AVE.		
CITY - ST - ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	800003129708--0
NAME		CITY - ST - ZIP	-02/09/00--01074--011
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MARVIN E. WILHITE

1/31/00 904-264-2129
Date Daytime Phone #

CR2E003 (9/99)